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Dissertation on Pneumonia

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Pneumonia

History of the disease.- The lungs being a vital organ, complicated in structure, and function, and receiving the whole volume of blood contained in the body, no less than the heart, at every circulation cannot have failed to have suffered from the time disease commenced its ravages upon the human system, and next to the digestive organs they probably more frequently suffer than any other organ, while in their fatal tendency the diseases of the lungs are second to no other organ. No class of diseases are more interesting, or more important, or more deserving of consideration. Perhaps the most frequent form of disease of the lungs is Inflammation

described from the earliest records of medicine under the names of Pneumonia, Peripneumonia, Pneumonitis, and Pulmonitis, or when confined to the Parenchyma or substance of the lungs, or primarily and chiefly affects this portion of their structure, the disease may commence in two ways, either as Bronchitis, or it may originate in the vesicular structure and subsequently involve the larger tubes, the disease is usually ushered in by rigors, dyspnoea, and a dull heavy pain, beneath and around the Sternum, there is high fever, flushed face, injected conjunctiva, pain in the head, full rapid but compressible pulse. The respiration is morbidly increased, this is one of the most constant symptoms of the disease. In extreme cases

the proportionate number between the respiration and pulse is as one to two. There are three well marked and defined stages in Pneumonia in the first, or congestive, the parenchyma of the affected lung is engorged with blood, it is much heavier than natural and on being squeezed between the finger and thumb still crepitates, when a section of the lung is made a frothy serum sometimes exudes. The second stage Red Hepitization, so called from the solidity of the lung approaching that of the Liver, in this stage the lung no longer crepitates under the finger and when placed in water sinks to the bottom. The third stage is termed Suppurative The lung when cut into exudes a yellow viscid matter. The Physical Signs

of Pneumonia include those of Auscultation and Percussion. In the congested stage on Percussion there is slight dullness. Auscultation reveals an unusual loudness and roughness of the Vesicular Murmur, similar to that caused by rubbing between the finger and thumb a lock of hair. This is called the Crepitant Rhoncus and is heard at the commencement of Inspiration and at the end of Expiration, and is considered Pathognomonic of ^{the} first stage. The signs of the ~~second~~ stage are more Pathognomonic of the disease, on Percussion there is complete dullness. Auscultation reveals Bronchial Respiration and Bronchophony. The signs of the ~~second~~ stage are not so characteristic of the disease. The Percussion is flat. Auscultation

detects the Bronchial Respiration,
and Bronchophony. The Complic-
ations of Pneumonia are Bronchitis
Pleuro. Pneumonia and Typhoid
Pneumonia. Bronchitis is the most
common Complication, when there
is Bronchitis, there is, if the Bronchi-
al secretion is considerable the noise
of Rhonchi, which masks the Physic-
al signs of Pneumonia, but on listen-
ing at the end of Inspiration, on the
posterior and inferior regions of the
chest fine crepitation may generally
be heard, if Pneumonia is present.
In Pleuro. Pneumonia the disease
extends to the Pleura causing an eff-
usion of serum, at first there is cre-
pitation, whilst the dullness on Per-
cussion is much more marked
than in Pneumonia, at least in the
lower parts of the affected side.
Typhoid Pneumonia is a disease

in which the imperfect aeration of blood is remarkably prominent, the pain in the chest is less severe and is more often absent altogether, while the sense of stricture and dyspnoea are urgent. The color of the cheek is at first of a deep and vivid red, as the disease advances it becomes of a purple tinge and at length is quite ~~black~~ ^{livid}. When Pneumonia is to terminate favourably it is often characterized by some critical evacuation such as the perspiration, a latitious deposit in the urine, the cough becomes less, the expectoration less viscid, and the skin becomes cool, and moist. The Causes of Pneumonia. Long continued exposure to cold, violent exertion disease of the Heart and Bronchitis, Exposure to cold is the most common cause. The Prognosis of Pneumonia is variable, in

ordinary Pneumonia the Prognosis is favourable, when it is complicated with an affection of the Brain or Liver, then it is unfavourable, also when occurring in very old persons. The Duration of Pneumonia is on an average about ten days. The Treatment of Pneumonia is that of ordinary inflammation, since bleeding is the most efficient remedy and should be practised freely at the beginning of the disorder, in plethoric individuals a very large bleeding pursued to the verge on Syncope is strongly recommended, often the effect previously produced by general bleeding can be continued by local bleeding, after bleeding other remedies are to be used for the purpose of counteracting the inflammatory irritation, of these the most important are Tartarized Antimony and Mercury. When a portion of the Lung

remains in the first or second stage of inflammation, but the greater part of it has passed into the third stage, then local bleeding seems to get rid of the remaining inflammation with less exhaustion of strength. Kauterized Antimony should be given at first in small doses gradually increased. In the second stage Calomel in combination with Opium should be given, together with expectorating mixtures. At the beginning of the third stage Blisters are useful, together with Stimulants and Expectorating Mixtures. Leasine, ^{aconitine} bark or Sulphate of Quinine in large doses of sanguine of the lungs. In Pleuro-Pneumonia a full dose of Opium after a large bleeding is recommended by the late Dr Armstrong, Blisters are of service after the acute form of the disease has passed. Typhoid Pneumonia requires ^{carefully} treatment consid-

^{modified}
Bloodletting is its bourn and has v
ery little influence on the disease. Dry
cupping on the chest is considered of
advantage. Blisters and Sinapisms
may give relief in slight cases, but
their effect is limited where the whole
posterior part of the lung is involved

John B. Nichol



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